SEAT PRE-USE INFORMATION WORKSHEET

GENERAL INFORMATION:				
Pate: SEMG Name:		Using Agency:		
CONTRACT INFORMATION:		T		
0 CWN 0 Exclusive Use		SEAT Manager:		
Contract #		G 11 (
CO: Bob Carr Phone: (208) 387-5763		Cell: ()		
COR: Phone: ()				
VENDOR INFORMATION:				
Vendor Name:		Phone: ()		
Address:		Fax: ()		
AIRCRAFT INFORMAITON:				
	Make / Model:		Aircraft Card Expires:	
Fuel Type: Gallons:	Hot	Fuel: [Yes []	l No
	tended Pilot:		led Driver:	Service Miles:
\$ \$		\$ \$		
SUPPORT/ FUEL TRUCK INFORMATION:				
Truck Make / Model: License #		Trailer License#		
Fuel Type: Total Gallons:		Card Expires:		
INITIAL CHECK-IN INFORMATION:				
PILOT		FUEL TRUCK DRIVER / LOADER		
11201		Tell Incompany Lay Londen		
PILOT:		DRIVER:		
Cell: ()		LOADER:		
Level: 0 Level I 0 Level II		Cell: ()		
Card Expiration:				
Date Hired: Time:		Date Hired: Time:		
Hired From:		Hired From:		
Designator: ()		Designator: ()		
Last Days Off:		On Duty:		
On Duty:		Beginning Odometer: Ending Odometer:		
Flight Time:		ing Odolli	CICI	
Note: Will need to record actual clock hours for		Driving Hours:		
ferry flight time on the Tanker Log and OAS 23.		Note: Driver may have per-diem costs if they had		